

## **PERFORMANCE BASED CONTRACT GUIDELINES**

1. **WHAT IS THE PURPOSE AND SCOPE OF THE SERVICE?** (Describe in detail any services to be provided or materials to be purchased)

Cognitive, LLC will provide professional development in Restorative Practices, Restorative Circles and the Code of Conduct to staff members of Museum School 25 and other schools assigned. This training will support the Yonkers Public School District in achieving the goal of providing staff with training to improve relationships with students, parents, colleagues and community. As a result, student learning conditions will improve.

2. **AMOUNT OF SERVICE?**

(Set forth the monetary value of the proposed agreement and quantities and/or amounts of time required to be devoted to the contract and describe where services are to be provided as specified in Schedule "B")

All staff assigned to attend training will receive a minimum of one hour to a maximum of five hours of experiential activities to better understand relationships and how control and support are essential to restore and heal when harm has been done. The cost per hour will be \$200.00 x 75 hours of service. Total project cost will be \$15,000.00.

3. **WHO IN THE SCHOOL DISTRICT IS SERVED?**

(Describe whether services are to be provided directly to students, to staff, etc.)

All services will be provided to all staff, students and parents chosen by the school district designee(s).

4. **WHO WILL PROVIDE SERVICES?**

(If individual providers are contemplated, set forth the names and qualifications of the service providers)

Dr. Fred Hernandez with 33 years of prior service in the Yonkers Public Schools will provide all the training. He was a school level and central office administrator, Superintendent Hearing Officer, Restorative Practices Trainer to teachers, students, parents, CSEA staff and community leaders. He was trained by the International Institute for Restorative Practices a graduate school located in Bethlehem, Pennsylvania.

4a. **WILL THE CONTRACTOR BE UTILIZING ANY SUBCONTRACTORS OR VOLUNTEERS IN FURTHERANCE OF THIS AGREEMENT? IF YES, PLEASE LIST ALL OF THEIR NAMES AND CONTACT INFORMATION.**

No

5. **WHAT WILL BE COMMUNICATED TO DISTRICT PERSONNEL, PARENTS, OTHERS ABOUT PROGRESS AND RESULTS OF THE SERVICES?**

(How specifically will the contractor report to the School District (or parents, if applicable) about their progress towards achieving the goals of the contract?)

Participant evaluations will be provided after each training and shared with the school district designee(s).

6. **HOW WILL THE SCHOOL DISTRICT JUDGE THE QUALITY OF SERVICES?** (Set forth the method which will be used to evaluate contractor's performance)

All participant evaluations will include questions to evaluate the presenter, content and impact on relationships with students, parents, staff, colleagues, administration and community.

**7. INDIVIDUALS RESPONSIBLE FOR ADMINISTERING THE CONTRACT.**

Vendor Name: Cognitive, LLC  
Vendor Address: PO Box 911, Yonkers, NY 10703  
Vendor Phone No.: 914-562-7735  
Vendor Business Status: (corporation, non-profit individual, unincorporated) Corporation  
Vendor Contact Name: Dr. Fred Hernandez  
Vendor Contact Email: cognitivetool1@gmail.com  
Tax ID No.: 85-4220653

School District Administrator Name: Elaine Shine  
School District Administrator Title: Executive Director  
School District Administrator Phone No.: 914-376-8183  
School District Administrator Email: eshine@yonkerspublicschools.org

**8. ARE THE SERVICES PURSUANT TO A GRANT AGREEMENT? IF YES, WHAT IS THE GRANT, AND WHAT ARE THE GRANT REQUIREMENTS RELATED TO THIS AGREEMENT?**

Yes, the services provided support the 1003a Basic grant. It supports training for administrator and staff to improve the school environment and relationship.

**9. WILL THE CONTRACTOR BE RECEIVING ANY STUDENT DATA OR OTHER DATA FROM YONKERS PUBLIC SCHOOLS? IF YES, PLEASE DESCRIBE. IF STUDENT DATA IS BEING SHARED, PLEASE PROCEED TO QUESTION 10 BELOW.**

No

**10. WILL THE STUDENT DATA BE USED FOR THE PURPOSE OF DEVELOPING, VALIDATING, ADMINISTERING STUDENT AID PROGRAMS, OR IMPROVING INSTRUCTION? IF YES, PLEASE SPECIFICALLY DESCRIBE.**

N/A

Performance Based Guidelines  
Reviewed and approved by:

Elaine Shine  
(Signature of School District administrator/employee)

Elaine Shine  
(Printed Name)